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Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.

| Application Number | 10/591,325 | | | | |
|-----------------------|--|--|--|--|--|
| I.A. Filing Date | March 04, 2005 | | | | |
| First Named Inventor | James A. Russell | | | | |
| Confirmation No.: | 9433 | | | | |
| Art Unit | 1634 | | | | |
| Examiner Name | Diane Johannsen | | | | |
| Title: | THROMBOMODULIN (THBD) HAPLOTYPES PREDICT OUTCOME | | | | |
| New Atty Dkt No. | RUSSELL-5 | | | | |
| Prior Attorney Dkt No | 28903.0005 | | | | |

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| | Applicant/Inventor | | | | | | | | | | |
| | Assig | Assignee of record of the entire interest. | | | | | | | | | |
| | State | Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | | | | |
| \boxtimes | Attorney or Agent of record. Registration Number 33,949 | | | | | | | | | | |
| Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number | | | | | | | | | | | |
| Typed or Printed Name Shmuel Livnat | | | | | | | | | | | |
| Signature: /Shmuel Livnat/ | | | | | | | | | | | |
| Date | Date December 21, 2009 | | | | | Telephone 202-628-5197 | | | | | |
| | NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | | |

*Total of 1 forms are submitted. 1